Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SANTIAGO GUAJARDO, DC
10109 MCKALLA PLACE, STE E
AUSTIN, TX 78758

Respondent Name
ZNAT INSURANCE CO

Carrier's Austin Representative Box
Box Number 47

MFDR Tracking Number
M4-12-3101-01

MFDR Date Received
JUNE 12, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary taken from the Table of Disputed Service: "per Medical Fee Guidelines."

Amount in Dispute: $550.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Zenith maintains its position that services were paid according to the fee guideline at the MAR."

Response Submitted by: The Zenith

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 16, 2012	99456 W8-RE	$500.00	$ 0.00
	99456 SP	$50.00	

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 amended to be effective May 31, 2012, *37 Texas Register 3833*,applicable to medical fee dispute resolution requests filed on or after June 1, 2012, sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code§134.204 sets out the fee guideline for workers' compensation specific services on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated April 25, 2012
   - A4T 150 – The submitted documentation does not support the service billed

   Explanation of benefits dated May 22, 2012

- A4T 150 – The submitted documentation does not support the service billed

Issues

1. Is the requestor entitled to reimbursement for the disputed services under 28 Texas Administrative Code § 134.204?

Findings

1. The requestor billed 99456 W8-RE with one unit for $600.00 for a Return to Work Evaluation. Documentation provided does not support the service billed. The requestor also billed CPT Code 99456 W5-NM with one unit for a Maximum Medical Improvement (MMI). CPT Code 99456 W5-NM which is not in dispute.

   Per 28 Texas Administrative Code § 134.204 states in parts (i)(4) and (K),

   (i) The following shall apply to Designated Doctor Examinations.

   (3) The following applies for billing and reimbursement of an MMI evaluation.

   (k) The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier "RE." In either instance of whether MMI/IR is performed or not, the reimbursement shall be $500 in accordance with subsection (i) of this section and shall include Division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee.

   The requestor billed with CPT Code 99456 SP for one unit for $200.00 for referral testing for non-musculoskeletal body area(s) to a specialist.

   Per 28 Texas Administrative Code § 134.204 states in parts (j)(4)(D)(iii)(I):

   (j) Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows:

   (4) The following applies for billing and reimbursement of an IR evaluation.

   (D) Non-musculoskeletal body areas shall be billed and reimbursed using the appropriate CPT code(s) for the test(s) required for the assignment of IR.

   (iii) When the examining doctor refers testing for non-musculoskeletal body area(s) to a specialist, then the following shall apply:

   (I) The examining doctor (e.g., the referring doctor) shall bill using the appropriate MMI CPT code with modifier "SP" and indicate one unit in the units column of the billing form. Reimbursement shall be $50 for incorporating one or more specialists' report(s) information into the final assignment of IR. This reimbursement shall be allowed only once per examination.
2. Review of the submitted documentation finds that the provider did meet the requirements and requestor did not provide supporting documentation. Therefore, the requestor is not entitled to additional reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	June 21, 2013 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.